

AFL CARE PROGRAMS
CORE BASELINE QUESTIONNAIRE

FOR
PARENTING CLIENTS

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U.S. Department of Health & Human Services; OS/OIRM/PRA;
200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201;
Attention: PRA Reports Clearance Officer

1. Client ID:						
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2. Site Number:						
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3. Entry Date:						
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AFL CARE PROGRAS CORE BASELINE QUESTIONNAIRE

Demographics

1. Age (in years only):

2. What is your marital status?

CHECK **ONE** RESPONSE

Single, never married ☐₁

Married ☐₂

Separated or divorced..... ☐₃

Widowed ☐₄

Other ☐₅

3. What are your current living arrangements?

CHECK YES OR NO FOR EACH

	Yes	No
a. Alone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. With spouse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. With own mother (include stepmother)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. With own father (include stepfather)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. With baby's father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. With baby's father's mother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. With baby's father's father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. With partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. With other relatives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. With friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. In a group home/institution.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. In a foster home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

4. Are you Hispanic or Latino?

Yes ☐₁

No..... ☐₂

5. What is your race?

CHECK **ALL** THAT APPLY

- White ☐ ₁
Black ☐ ₂
Asian ☐ ₃
Native Hawaiian or Other Pacific Islander ☐ ₄
American Indian ☐ ₅

6. What is your current school status?

CHECK **ONE** RESPONSE

- In school or GED program ☐ ₁
Graduated from high school or completed GED ☐ ₂
Dropped out of school ☐ ₃
Other ☐ ₄

7. What is the highest grade you completed:

CHECK **ONE** RESPONSE

- 8th grade or below ☐ ₁
9th grade ☐ ₂
10th grade ☐ ₃
11th grade ☐ ₄
12th grade ☐ ₅
Some college ☐ ₆
College degree or more ☐ ₇
Don't know ☐ ₉₇

8. Have you ever been in a job training program?

Yes ☐₁

No ☐₂ → **SKIP TO QUESTION 9**

8a. Did you ever complete a job training program?

Yes ☐₁

No ☐₂

Currently attending job training program..... ☐₃

9. How many hours do you work per week?

Hours per week (Enter 00 if not employed)

10. What is your main source of financial support?

CHECK **ONE** RESPONSE

Own job ☐₁

Spouse or partner ☐₂

Parents ☐₃

Public assistance ☐₄

Other relatives ☐₅

Other ☐₆

11. Do you receive money or assistance from any of the following sources?

CHECK YES OR NO FOR EACH

	Yes	No
a. Medicaid.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Food stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. WIC	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. TANF	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Social Security	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Unemployment or Workers' Compensation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. General Assistance or other aid	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Child support.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Own job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Spouse or partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Parent(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

About Your Pregnancy...

These next questions are about your pregnancy.

12. An early delivery is one that occurs at 36 weeks or earlier in pregnancy. As far as you know, did you have an early delivery?

Yes ☐₁
No ☐₂
Don't know ☐₉₇

13. How did you deliver your baby?

Vaginal delivery ☐₁
Cesarean delivery ☐₂

About Your Child...

These next questions are about your child.

14. How much did your child weigh at birth?

5½ pounds or more ☐₁
Less than 5½ pounds ☐₂
Don't know ☐₉₇

15. Since your child was born, about how many times has your child been seen by a doctor, nurse, or other health care professional for a regular check up or “well-baby” visit? This is a visit to the doctor when your child is not sick, but to get checked out or to get vaccinations.

Never ☐₁ ➔ **SKIP TO QUESTION 17**
1-3 times ☐₂
4 or more times ☐₃
Don't know ☐₉₇

16. When was your child's last "well baby" visit?

CHOOSE THE **MOST** RECENT

Within the past 3 months ☐₁

Within the past 6 months ☐₂

Within the past 12 months ☐₃

More than a year ago ☐₄

Don't know ☐₉₇

17. Is your child currently 3 months in age or older?

Yes ☐₁

No ☐₂

➔ **SKIP TO QUESTION 18**

17a. Please tell me if your child has had any of the following vaccinations/shots:

CHECK YES OR NO FOR EACH

	Yes	No	Don't know
D-T-P, D-T-A-P, or D-T shot, sometimes called a D-P-T shot, diptheria-tetanus-pertussis shot, baby shot or three in one shot	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇
Polio vaccine –sometimes called I-P-V.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇
H-I-B shot (this for Meningitis)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇
Hepatitis B shot	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇

18. Did you breastfeed your baby at all?

Yes ☐₁

No ☐₂

➔ **SKIP TO QUESTION 19**

18a. How old was your child when you stopped breastfeeding your child altogether?

- Still breastfeeding ☐₁
- Less than 1-month old ☐₂
- 1-month old to 2-months old ☐₃
- 3-months old or more ☐₄

19. Does your child live with you?

- Yes ☐₁
- Sometimes ☐₂
- No ☐₃

 **→ SKIP TO QUESTION 20**

19a. Where does your baby live now?

- With the baby's father ☐₁
- With other relatives ☐₂
- With adoptive family ☐₃
- Other ☐₄
- Don't know ☐₉₇

 **→ SKIP TO QUESTION 24**

20. In the past four weeks has your child been cared for in any regular arrangement such as a day care, nursery school, play group, babysitter, after school care, relative, or some other child care arrangement? ("Regular" means at least once a week for a month or more.)

Yes ☐₁

No ☐₂ **→ SKIP TO QUESTION 23**

21. Who or what has been the primary childcare provider in the past four weeks?
CHECK ONE RESPONSE

Child's other parent/stepparent..... ☐₁
Your brother/sister 13 years or older ☐₂
Your brother/sister under 13 years old..... ☐₃
Child's grandparent..... ☐₄
Other relative..... ☐₅
Non-relative or babysitter ☐₆
Day care center..... ☐₇
Nursery/preschool..... ☐₈
Family day care ☐₉
This program..... ☐₁₀
Other ☐₁₁

22. How many hours a week is your child in childcare, including all the different arrangements that you use?

Hours

Don't know ☐₉₇

23. On how many days per week do you do the following things with your child?

CHECK ONE RESPONSE FOR EACH ACTIVITY

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. Play games like “peek-a-boo” or “gotcha”	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Sing songs or nursery rhymes	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c. Read stories	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d. Tell stories	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
e. Play with toys such as blocks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
f. Visit relatives	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
g. Hug or show physical attention	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
h. Put (him/her) to bed	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

ABOUT YOUR BABY'S FATHER...

These next questions are about your baby's father.

24. On how many days per week does your child's father do the following things with your child?

CHECK ONE RESPONSE FOR EACH ACTIVITY

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days	Don't know
a. Play games like "peek-a-boo" or "gotcha"	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
b. Sing songs or nursery rhymes	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
c. Read stories	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
d. Tell stories	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
e. Play with toys such as blocks	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
f. Visit relatives	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
g. Hug or show physical attention	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇
h. Put (him/her) to bed	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₉₇

25. Are you married to your baby's father?

Yes ☐₁

→ SKIP TO QUESTION 30

No ☐₂

26. Do you plan to marry him?

Yes ☐₁

No ☐₂

Don't know ☐₉₇

27. Do you and he have a legal agreement regarding child support, alimony, custody, visitation, or where the child lives?

Yes ☐₁
No ☐₂

28. Does he give you money?

Yes ☐₁
No ☐₂

29. Does he help you in other ways, such as watching the baby or helping with the chores?

Yes ☐₁
No ☐₂

ABOUT YOUR RELATIONSHIPS, YOUR GOALS, AND FEELINGS ON PARENTING

These next questions are about your relationships with other people, your goals and your feelings about parenting.

30. Looking to the future, do you want to have another baby sometime before finishing high school?

Yes ☐₁
No ☐₂
Already finished..... ☐₃
Don't know ☐₉₇

31. Looking to the future, do you want to have another baby sometime before marriage?

Yes ☐₁
No ☐₂
Already married ☐₃
Don't know ☐₉₇

FOR EACH OF THE FOLLOWING QUESTIONS CHECK ONLY **ONE** RESPONSE

32. How much do you agree with the following statement? It is better for a person to get married than to go through life being single.

Strongly agree..... ☐₁
Agree ☐₂
Neither agree nor disagree ☐₃
Disagree..... ☐₄
Strongly disagree ☐₅
Don't know ☐₇

How much do the following statements apply to you?

33. In the last month, I have felt trapped by my responsibilities as a parent.

Strongly agree..... ☐₁
Somewhat agree ☐₂
Neither agree nor disagree ☐₃
Somewhat disagree ☐₄
Strongly disagree ☐₅

34. I consider being a parent a good thing in my life...

Strongly agree..... ☐₁
Somewhat agree ☐₂
Neither agree nor disagree ☐₃
Somewhat disagree ☐₄
Strongly disagree ☐₅

35. I find that taking care of my child(ren) is much more work than pleasure.

Strongly agree..... ☐₁
Somewhat agree ☐₂
Neither agree nor disagree ☐₃
Somewhat disagree ☐₄
Strongly disagree ☐₅

36. I enjoy spending time with my child(ren)...

- Strongly agree ☐₁
- Somewhat agree ☐₂
- Neither agree nor disagree ☐₃
- Somewhat disagree ☐₄
- Strongly disagree ☐₅

37. How often do you talk to your mother or father about your problems? Or how often do you talk to an adult in the household about your problems?

- Almost never ☐₁
- Some of the time ☐₂
- Usually ☐₃
- Almost always ☐₄

38. How much do you stay away from people who might get you into trouble?

- Almost never ☐₁
- Some of the time ☐₂
- Usually ☐₃
- Almost always ☐₄

Please answer the following statements as they apply to you.

39. You think you should work to get something, if you really want it.

- Not at all like you..... ☐₁
- A little like you ☐₂
- Mostly like you..... ☐₃
- Very much like you..... ☐₄

40. You make decisions to help you achieve your goals.

- Not at all like you..... ☐₁
- A little like you ☐₂
- Mostly like you..... ☐₃
- Very much like you..... ☐₄

41. I believe that putting a child up for adoption is a good thing for a young woman to do if she feels she is unable to keep and raise the child herself.

Not at all like you..... ☐₁
A little like you ☐₂
Mostly like you..... ☐₃
Very much like you..... ☐₄
Don't know ☐₉₇

ABOUT YOUR FUTURE...

Thinking of the future, please answer the following questions:

42. How important is it to you to graduate high school, vocational or trade school?

Not important at all ☐₁
Somewhat important ☐₂
Very important..... ☐₃
Extremely important ☐₄
Already graduated..... ☐₅

43. On a scale of 1 to 5, where 1 is low and 5 is high, how much do you want to get more education or training such as college, vocational school or a nursing or a teaching certification?

Low				High	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₇

44. On a scale of 1 to 5, where 1 is low and 5 is high, how important is it for you to get training to get the kind of job you want?

Low				High	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₉₇

ABOUT YOUR HEALTH AND HEALTHCARE...

These next questions are about your health and healthcare.

45. Are you pregnant now?

- Yes ☐₁
No ☐₂
Don't know ☐₉₇

46. What is your current form of birth control or protection from sexually transmitted diseases?

CHECK **ALL** THAT APPLY

- No method used..... ☐₁
- Abstinence ☐₂
- Birth control pills ☐₃
- Condom..... ☐₄
- Partner's vasectomy..... ☐₅
- Sterilizing operation/tubal ligation ☐₆
- Withdrawal, pulling out..... ☐₇
- Depo-Provera, injectables ☐₈
- Norplant..... ☐₉
- Rhythm or safe period by calendar..... ☐₁₀
- Safe period by temperature or cervical mucus test,
natural family planning ☐₁₁
- Diaphragm..... ☐₁₂
- Female condom, vaginal pouch ☐₁₃
- Foam ☐₁₄
- Jelly or cream..... ☐₁₅
- Cervical cap ☐₁₆
- Suppository ☐₁₇
- Today Sponge ☐₁₈
- IUD, coil, loop..... ☐₁₉
- "Morning after" pills or emergency contraception ☐₂₀
- Other method ☐₂₁
- Respondent sterile ☐₂₂
- Respondent's partner sterile ☐₂₃
- Lunelle injectable (monthly shot) ☐₂₄
- Contraceptive patch ☐₂₅

➔ **SKIP TO QUESTION 48**

47. How would you describe your relationship with your current sexual partner?

- Married to him ☐₁
 Engaged to him ☐₂
 Living together in a sexual relationship,
 but not engaged ☐₃
 Going with him or going steady..... ☐₄
 Just friends ☐₅
 Just met him..... ☐₆
 Something else ☐₇
 Don't know ☐₉₇

48. In the past 12 months, have you received...

	Yes	No
a. a pregnancy test?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. an abortion?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. a pap smear?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. a pelvic exam?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. prenatal care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. post-pregnancy care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. counseling for, or been tested or treated for a sexually transmitted disease?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Thank you for participating in this survey!